

Application for Construction Code Appeal
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
P.O. Box 30255, Lansing, MI 48909
517-241-9328
www.michigan.gov/bccfs

Agency Use Only

Application Fee: \$500.00

Authority: 1972 PA 230
Completion: Voluntary
Penalty: Appeal will not be heard

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Note: The applicant is responsible for all fees applicable to this application.

FACILITY INFORMATION					
FACILITY NAME			ADDRESS		
NAME OF CITY, VILLAGE, TOWNSHIP IN WHICH FACILITY IS LOCATED					COUNTY
CITY	VILLAGE	TOWNSHIP	OF:		
BUILDING DATA					
GROSS FLOOR AREA					
New Building _____		Addition _____		Alteration _____ Repair _____	
CLASSIFICATION PER BUILDING CODE					
Building Use _____		Construction Type _____		No. of Occupants _____ Area/Floor _____ No. of Floors _____	
PERMIT HOLDER					
NAME (Company or Individual)		CONTACT PERSON			TELEPHONE NUMBER (Include Area Code)
ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER (Include Area Code)	
BUILDING OWNER					
NAME (Company or Individual)		CONTACT PERSON			TELEPHONE NUMBER (Include Area Code)
ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER (Include Area Code)	
BUILDING PERMIT AUTHORITY					
ENFORCING AGENCY		NAME OF BUILDING OFFICIAL			TELEPHONE NUMBER (Include Area Code)
ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER (Include Area Code)	
SUMMARY OF APPEAL					
CODE UNDER WHICH APPEAL IS SOUGHT					
BUILDING (141)		ELECTRICAL (116)		MECHANICAL (131) PLUMBING (99)	
CODE SECTION(S)				Provide copies of the following as appropriate (see instructions for number of copies): STATEMENT OF FACTS AND REASONING COPY OF ENFORCING AGENCY DETERMINATION SUPPORTING MATERIAL COPY OF DECISION OF LOCAL BOARD OF APPEALS TRANSCRIPT OF LOCAL BOARD OF APPEALS HEARING	
DESIRED RELIEF (STATE BRIEFLY)					
BASIS OF APPEAL (STATE BRIEFLY)					
APPLICANT (Note: All correspondence will be sent to this address)					
NAME OF COMPANY		APPLICANT NAME			SOCIAL SECURITY NUMBER* OR FEIN (REQUIRED)
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
APPLICANT SIGNATURE (Must be an original signature)				DATE	FAX NUMBER (Include Area Code)

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Instructions for Application for Construction Code Appeal

Facility Information: Provide all information requested.

Building data: Provide all information requested from the building permit or plan review.

Permit Holder: Provide the information requested for the entity named on the permit.

Building Owner: Provide the information requested for the entity that owns the building, which is the subject of the appeal.

Building Permit Authority: Provide all information requested for the enforcing agency.

Summary of Appeal: Code; provide the code under which an appeal is sought. Code Section(s); provide the code section(s) that are the subject of the appeal. Desired Relief; describe the remedy being sought. Basis of Appeal; provide a brief statement why the requested remedy should be granted. Provide Copies; provide copies of the documents as listed below:

Building Code - **7** copies
Electrical Code - **15** copies
Mechanical Code - **18** copies
Plumbing Code - **11** copies

Applicant: Provide all information requested.

Note: If the decision being appealed is that of a local Board of Appeals, this application and the filing fee must be received in our office within 10 business days of the filing of the decision of the local board of appeals in accordance with Section 16 of 1972 PA 230.

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